STANDARD OPERATING PROCEDURE:

FOR PRE-BIRTH COMMUNICATION BY THE PUBLIC HEALTH NURSING SERVICE, MIDWIFERY & GENERAL PRACTITIONERS

|  |  |
| --- | --- |
| Version: | 1.0 |
| Date of Issue: | 05/2020 |
| Review Date: | 03/2022 |
| Updated by: |  |

**DOCUMENT CONTROL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference:** | **Version: 1** | **Status:** | **Author:** |
| **Amendments:** |  | | |
| **Approving Body:** |  | **Date:** | |
| **Equality Impact Assessment:** |  | **Date:** | |
| **Ratification Body:** |  | **Date:** | |
| **Date of Issue:** |  | | |
| **Review Date:** |  | | |
| **Contact for Review:** |  | | |
| **Lead Director:** |  | | |

**CONTRIBUTION LIST Key individuals in developing the document**

|  |
| --- |
| **Designation or Group** |
| Liz Wheatley, Named Nurse Safeguarding Children PHN  Safeguarding Service |
| Dawn Sherry Named Midwife Safeguarding |
| Dr Jo Nicholl Named GP Safeguarding Children and Adults, Somerset CCG |

**VERSION CONTROL - CHANGE RECORD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Author** | **Version** | **Page** | **Reason for Change** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**REVIEWERS/CONTRIBUTORS**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Version Reviewed & Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Content Page**

Introduction 5

Process 6

Flowchart 7

Professional responsibility 8

Risk Assessment 8

Accountability 8

Related documents 9

**Appendices**

Appendix 1: Communication form 10-11

Appendix 2: Flowchart 12

**INTRODUCTION**

**Purpose**

1. This standard Operating Procedure (SOP) is designed to ensure that all midwives, health visitors and GP’s assess and communicate risk collectively and in a standardised format in relation to unborn babies.
2. To define and standardise the early communication between partner services and agencies to safeguard unborn babies.
3. Outline responsibilities to ensure services adherence to Southwest Child Protection Procedures Pre-birth Protocol and Working Together 2018 to safeguard unborn babies.

**Who should read this document?**

These guidelines are applicable to all GP services, Public Health Nursing services and Midwifery Services across Somerset, they include those employed on a fixed term contract, honorary contract, agency or locum staff, students affiliated to educational establishments and volunteers

These guidelines will also inform health service practitioners and allied professionals of the process for communication in the pre-birth period, the requirement to contribute risk information and participate in the assessment process

**Key messages**

This Standard Operating Procedure (SOP) is designed to provide a framework for the effective communication between primary care health practitioners in relation to identifying, assessing and communicating safeguarding risks in relation to unborn babies.

This SOP should always be considered alongside Southwest Chid Protection Procedure Pre-birth Protocol and Working Together 2018 and be understood that consistent standardised communication is the essence of working together to safeguard children.

1. **Safeguarding Unborn babies/ Process Description** 
   1. It is important for those key health service practitioners who will come in contact with prospective parents to know that there is an expectation of safeguarding actions being made in a timely manner, namely at midwifery booking (by 12wks gestation) or as soon as possible for late midwifery bookings.
   2. In accordance with Working Together (2018) these services should then consider if there is any other information they hold relating to any family member that would indicate a potential risk to unborn baby/ies (by 12wks gestation or as soon as booking receipted for late midwifery bookings).
   3. All identified risks should be shared in a standardised manner with all key service practitioners in order that a collective assessment can be undertaken which includes a comprehensive understanding of the risks and protective information.
   4. If there is a wider professional team working with any one of the prospective parents or associated family members, (e.g.SIDAS,CAMHS) they too should be informed of the pregnancy and invited to share safeguarding information which will inform any safeguarding assessment. If level 2/3 concerns have been noted then consent should be obtained from the parent / family member to share information.
   5. Effective Support for Children and Families in Somerset alongside the pre-birth protocol (SWCPP) and Somerset pre-birth toolkit will be used to determine the level of support indicated.
   6. Dependant on level of support indicated key health service professionals will undertake referrals and commence Team Around the Child (TAC) meetings to ensure ongoing communication, sharing of risk information and contributing to action plans and assessments throughout the length of pregnancy.
   7. Given the short window of opportunity that pregnancy allows, there should be regular communication and reviews between practitioners involved in supporting the parents and wider family. Good practice is that these should take place a minimum of monthly.
   8. The forum for communications can take many forms namely Child Protection, Child in Need reviews and groups such as TAC meetings, primary care safeguarding and/or professional liaison meetings.
   9. All the forums for communication must follow standardised processes and clearly outline the prospective parent’s involvement in the plan, the agreed actions to improve the outcomes and/or safeguard/protect the unborn baby, clearly state who is responsible for each SMART action and when SMART actions will be reviewed.
2. **flowchart/algorithm**

Maternity booking form received by GP & HV ideally by 12wks If midwife has identified risks communication form will be included.

GP and HV will review local service records including paternal and sibling records. If any risks identified complete antenatal health communication form, share with all professionals working with family (ideally by 16weeks).

**Midwife will in the first instance be Lead Professional but this can be reappointed by agreement of all professionals and expectant family. If family meet Child Protection threshold then Named Social Worker will become lead**.

If additional concerns are raised by any service (through the communication form) then progress to discussion in primary care safeguarding meetings) agree actions, including undertaking EHA in order to establish level of effective support, and subsequently coordinate TAC, or level 4 child protection referral where indicated.

Continually share and assess regarding any new risks receipted by any service.



All actions should be completed in a time bound manner and outcomes shared with all involved professionals**.**

1. **Professional Responsibility** 
   1. All health professionals should access ad-hoc safeguarding supervision advice via their safeguarding lead or service single point of contact.

* 1. All health professionals have access to and should be compliant with participation in safeguarding supervision as per the Intercollegiate Document (2019)
  2. All health professionals will be familiar with the related procedural documents and guidelines and their role in working together to safeguard unborn babies and children.
  3. All health professionals should make both the information they hold in relation to risk available to all professionals undertaking assessments and make themselves available to contribute to the assessment decisions.

1. **Risk Assessment** 
   1. Non-compliance with the Standard Operating Procedure and related guidance poses the risk of serious incidents.
   2. Where non-compliance is identified this should be considered as a near miss and the service incident reporting systems utilised.

* 1. Serious incidents will be reviewed in line with the respective health service reporting systems and oversight mechanisms

1. **Governance Arrangements** 
   1. Analysis of SSCP Rapid Reviews, Child Safeguarding Practice Reviews and serious incident reports will allow the Named Midwife, Named PHN and Named GP to assess the effectiveness of and compliance with this procedural guidance.
2. **Documents that should be read in Association with this SOP**

**Legislation**

Working Together to Safeguard Children 2018

**Guidance**

Southwest Child Protection Procedures Prebirth Protocol

SSCP Effective Support for Children and Families in Somerset

Intercollegiate Document 2019

**Toolkits**

SSCP prebirth planning toolkit

**References and Links**

[https://www.proceduresonline.com/swcpp/](https://www.proceduresonline.com/swcpp/%20)

<https://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>

[https://sscb.safeguardingsomerset.org.uk/neglect](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsscb.safeguardingsomerset.org.uk%2Fneglect&data=02%7C01%7CJMRoss%40somerset.gov.uk%7Cdca7194de41a4051934908d7fc0d6b13%7Cb524f606f77a4aa28da2fe70343b0cce%7C0%7C0%7C637255006864568870&sdata=NE%2BpTQNyolfYwjy6Gjg7mpstZFZA61lAMRqMiMR97A0%3D&reserved=0)

Intercollegiate Document ‘Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff’: RCN 2019

Working Together to Safeguard Children: Department for Education 2018

**APPENDIX 1**

**Health antenatal safeguarding communication form**

**Pregnancy booked for (if known) MPH *□* YDH *□* OTHER …………………….**

|  |
| --- |
| **I have sent a copy of this form to*: Health Visitor □ (share with HV via local hub emails or if not known please share with PHNSafeguarding@sompar.nhs.uk) G.P □ Juniper Team (MPH) juniperteam@tst.nhs.uk □ Acorn Team (YDH) acornteam@ydh.nhs.uk***  ***Copy uploaded to service records □ Other***  **All communication with GP should be via the generic GP surgery email address** |

**EDD:**

**Para:**

**Community Midwife:**

**GP:**

**Health Visitor:**

**Social Worker:**

**Name:**

**Address:**

**DOB: Tel:**

**NHS:**

**Father/ Partner Name:**

**Father / Partner DOB:**

uhuh

**\*Please tick all that apply. In the following circumstances a level 4 / Child Protection referral to Children’s Social Care must always be made. The information should also be shared with Acorn / Juniper team. Liaison with all professionals should take place and consideration given to a collaborative EHA/CP referral submission.**

|  |  |  |  |
| --- | --- | --- | --- |
| **A parent or other adult in the household / family are identified as presenting a risk, or potential, risk to children. This may be due to domestic abuse, violence, substance / alcohol use, mental health or learning difficulties.** |  | **Where there are maternal risk factors eg: denial of pregnancy, concealed pregnancy, avoidance of antenatal care, non-co-operation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby** |  |
| **Children in the household / family currently subject to a child protection or child in need plan (including parents)** |  | **Previous child/children from either parent has been removed from the home temporarily or by the court** |  |
| **There is a perinatal mental illness that presents a risk to the unborn baby** |  | **Previous unexpected or unexplained child death whilst in the care of either parent** |  |
| **Where there are serious concerns regarding parental ability to care for a child including due to physical disability (Level 3 or 4 on Threshold Document)** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| The following risk factors should alert professionals to consider a co-ordinated response (e.g. level 2 or 3 & TAC) and liaising with other professionals working with the family (GP, HV, CMHT team, midwife, SDAS etc) to create a plan of care. (19 yrs and under – consider use of a CE screening tool). This information should also be shared with Acorn/Juniper Team for midwifery dissemination: | | | |
| **Homelessness - No Fixed Abode, Homeless Hostel or Sofa Surfing** |  | **Teenage pregnancy 19years and under at booking** |  |
| **Significant physical health problems likely to affect pregnancy / ability to care for child** |  | **Risk of exploitation (see CE tool) regardless of age** |  |
| **Previous admission to a psychiatric unit or mother and baby unit** |  | **Diagnosed current mental illness including those well on medication** |  |
| **History of severe mental illness eg: bipolar disorder, schizophrenia, psychosis, postnatal depression** |  | **Sex working** |  |
| **Domestic abuse (not reaching threshold for referral to CSC)** |
| **Either parent has a Leaving Care Social Worker** |  |  |  |
| **Late Booking >18 weeks gestation** |  | **Partner not father of the unborn** |  |
| **Difficult to engage with the family/lack of engagement/frequent DNA** |  | **Recent arrival as a migrant/refugee/asylum seeker** |  |
| **Previous child/children in the household/family subject to a child protection plan** |  | **Housing concerns such as risk of eviction, poor living conditions (consider neglect tool kit)** |  |
| **Previous sudden infant death (SIDS)** |  | **Female Genital Mutilation** |  |
| **Additional Information** | | | |
| **Plan and actions taken** | | | |
| **Name of practitioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

**APPENDIX 2**

**Health antenatal safeguarding flowchart**

This flowchart is to be used to guide practitioners in information sharing during the antenatal period. This flowchart is informed by the SWCPP pre-birth protocol [https://www.proceduresonline.com/swcpp/](https://www.proceduresonline.com/swcpp/%20) and the Effective Support for Children and Families in Somerset (2019) <https://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/> Identification of risk early in a pregnancy ensures the right service at the right time for children, families and young people in Somerset.

Maternity booking form received by GP & HV ideally by 12wks. If Midwife has identified risks communication form will be included.

All actions should be completed in a time bound manner and outcomes shared with all involved professionals**.**

GP and HV will review local service records including paternal and sibling records. If any risks identified complete antenatal health communication form, share with all professionals working with family (ideally by 16weeks,

GP and HV will review local service records including paternal and sibling records. If any risks identified complete antenatal health communication form, share with all professionals working with family (ideally by 16weeks).

**Midwife will in the first instance be lead professional but this can be reappointed by agreement of all professionals and expectant family. If the family meet the threshold for child protection the Named Social Worker will become lead**.

If additional concerns are raised by any service (through the communication form) then progress to discussion in primary care safeguarding meetings) agree actions, including undertaking EHA in order to establish level of effective support, and subsequently coordinate TAC, or level 4 child protection referral where indicated.

Continually share and assess regarding any new risks receipted by any service.

